

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/87565

FILING DATE

APPLICANT(S)

	AS FILED		ADJUSTED		ADJUSTED		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
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TOTAL IND.	1		1		1		
TOTAL DEP.	14		14		13		
TOTAL CLAIMS	15		15		14		
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

BEST AVAILABLE COPY